N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

MAR 23 1935

1. PLACE OF DEATH
County Franklin — Registration District No. 297 — File No. 4940
Township — Primary Registration District No. 3016 — Registered No. 9
City Washington (No. ..., ... St. ..... Ward)

2. FULL NAME Violet Ida Jane Quillen
(a) Residence, No. Washington, Mo St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 0 yrs. 1 mos. 13 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 18 1934

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
0	1	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) ✓
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Mo.

FATHER
13. NAME Lowarn Quillen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

MOTHER
15. MAIDEN NAME Hasel Matney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tuscombia Mo.

17. INFORMANT (ADDRESS) Lawarn Quillen Union Mo.

18. BURIAL, CREMATION, OR REMOVAL
City Cemetery Union Mo DATE 2/2 1935

19. UNDERTAKER (ADDRESS) E. F. Oltmann Union Mo.

20. FILED Feb. 1 — 1935 Hamay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1935, to Feb 1, 1935
I last saw her alive on Feb 1, 1935. Death is said to have occurred on the date stated above, at 4 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
109a	

Other contributory causes of importance:
none

Name of operation none Date of .....
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ✓
(Signed) Frank G. Mays M. D.
(Address) 311 W 4th, Washington, Mo